



ITALIAN ASSOCIATION OF PRIVATE INVESTIGATORS

MEMBERSHIP APPLICATION FORM

This application is to be completed by the applicant in **BLOCK CAPITALS**

I hereby apply for Membership of the **Associazione Italiana Investigatori Privati - Italian Association of Private Investigators** and give my unqualified consent to the Association to enquire into my character, probity and qualifications for the purpose of ascertaining my suitability for admission to membership. **(PLEASE ANSWER ALL QUESTIONS)**

I wish to apply for: (please tick as appropriate)	<input type="checkbox"/> Full Membership	<input type="checkbox"/> Overseas Membership
	<input type="checkbox"/> Associate Membership	<input type="checkbox"/> Affiliate Membership

PERSONAL DETAILS		
Name (in full, including title)		
Address		
County		Post code
Date of birth		
Telephone number		
Fax number		
Mobile number		
Email address		
Previous address (if moved within the last ten years)		
	Post code	
Previous name		

COMPANY DETAILS		
Agency Name		
Business Address(es)		
	Post code	
Telephone number		
Fax number		
Mobile number		
Email address		
Website address		
DX Address		
Relationship to agency	Partner / Director / Employee / Self-employed (delete not applicable)	
Date Agency established		
Agency previous address (if moved within the last ten years)		
	Post code	

RELEVANT QUESTIONS

Have you or anyone connected with your business been convicted of an offence involving fraud, dishonesty, or violence?
(Rehabilitation of Offenders legislation applies)

Yes No

If 'Yes' please give details

Have you or any partner or company connected with your business been the subject of an adverse entry in the County Court Judgments Register?

Yes No

If 'Yes' please give details

Have you or any partner connected with your business been the subject of Bankruptcy Proceedings or an Administration Order?

Yes No

If 'Yes' please give details

Are you a member of any other trade-related associations?

Yes No

If 'Yes' please give details

Have you previously applied for membership of this Association?

Yes No

If 'Yes' please give details

PROFESSIONAL EXPERIENCE

I have experience in undertaking work in the following areas

General investigations	<input type="checkbox"/>
Process serving	<input type="checkbox"/>
Insurance enquiries	<input type="checkbox"/>
Surveillance	<input type="checkbox"/>
Status enquiries	<input type="checkbox"/>

Tracing	<input type="checkbox"/>
Accident investigations	<input type="checkbox"/>
Statement taking	<input type="checkbox"/>
Photography	<input type="checkbox"/>
Court work	<input type="checkbox"/>

Other specialist areas

Please give details of your previous employers over the last five years.

REFEREES

Please supply the names and addresses of two **professional** people who can provide a written reference as to your character, professionalism and experience in investigative matters.

Name			
Company			
Address			
		Post code	
Name			
Company			
Address			
		Post code	

DECLARATION		
I (full name)		
of (full address)		
	Post code	
Occupation		
<p>Do state: That I have read the above application form and my answers thereto are to the best of my knowledge and belief true and that all documents accompanying this application are either the originals or true copies thereof, and that if I should be admitted to Membership of the Italian Association of Private Investigators and subject to nothing therein being contrary to the law or precepts of moral truth I will observe and abide by the principles contained in the Memorandum of Articles and Bye-Laws of the Italian Association of Private Investigators in force at the present time. I authorise the Italian Association of Private Investigators to publish my business details in it's website, directory and publications. Any false declaration or statement on the application form renders the applicant liable to automatic disqualification from membership of the Association.</p>		
Signature of Applicant		Date
Witnessed by (print name)		
Address of Witness		
	Post code	
Occupation		
Signature of Witness		Date

RETURNING THIS FORM

When returning this application form, please also enclose the following (please tick box)

- Two passport-sized photographs of the applicant.
- Copy Certificate of Data Protection Notification / Registration including full details of categories.
- Application fee Euro 130,00 that includes the entry fee of Euro 50,00 and the annual dues of Euro 80,00.
It can be paid by PayPal, any credit card or cheque payable to the Associazione Italiana Investigatori Privati.

And where applicable (please tick box)

- Copy of Service Discharge Certificate.
- Copy of Police Discharge Certificate.
- Copy of Consumer Credit Act Licence
- Certificate of incorporation of Limited Company.
- Details of Company Directorships held.

Return the form and enclosures to:

Associazione Italiana Investigatori Privati
47, Via di Torre Argentina
Rome, Italy 00186